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DECLARATION FOR UTILITY OR DESIGN			Attorney Docket Nur	nber	ISC9901U	
			First Named Invento	r	Ronald K. Yama	moto
PATENT APPLICATION (37 CFR 1.63)		COMPLETE IF KNOWN				
		Application Number				
	Filing Date	De	cember 11, 2000			
Submitted		Group Art Unit				
with Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name					

	As a below named inventor, I hereby declare that:					
	My residence, mailing address, and	d citizen:	ship are as stat	ted below next to my na	ame.	
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
	Treatment of Ocular Disease					
			(7	itle of the Invention)		
	the specification of which					
	is attached hereto					
	OR			as United	States Application I	Number or PCT International
	☐ was filed on (MM/DD/YYYY)					(if applicable).
	Application Number		and was a	mended on (MM/DD/Y	YYY)	(" " " " " " " " " " " " " " " " " " "
	I hereby state that I have reviewed amended by any amendment spec	l and un cifically r	derstand the coeferred to above	ontents of the above id ve.	entified specificatio	n, including the claims, as
	I acknowledge the duty to disclose in-part applications, material inform PCT international filing date of the	nation w	hich became a	vailable between the fi	as defined in 37 CF ling date of the prio	R 1.56, including for continuation- r application and the national or
	I hereby claim foreign priority ben- certificate, or 365(a) of any PCT in America, listed below and have certificate, or any PCT international	also ide	entified below.	by checking the box.	any toreign applic	cation for patent or inventor's
	Prior Foreign Application Number(s)	(	Country	Foreign Filing Dat (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
	☐ Additional foreign application r	numbers	are listed on a	supplemental priority	data sheet PTO/SB	l/02B attached hereto:
	I hereby claim the benefit under	35 U.S.	C. 119(e) of an	y United States provisi	onal application(s)	listed below.
	Application Number(s)		Filing Dat	e (MM/DD/YYYY)		
60	/172,693		12/10/199	99	numbers supplem	al provisional application s are listed on a lental priority data sheet /02B attached hereto.
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[Page 1 of 2]
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Address				,		
Address						
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Country		Telephone	e			Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INV	ENTOR:			A peti	tion has been fi	led for this unsigned inventor
Given Name Ronald K (first and middle [if any])	•			Family or Sur	Name Yamar	noto
Inventor's Signature			·			Date
Residence: City San Francisco	)		State CA	4	Country US	Citizenship US
Mailing Address 1321 Waller S	St.					
Mailing Address						
city San Francisco	<sub>State</sub> CA			ZIP	94117	Country US
NAME OF SECOND INVENTOR	:			A pet	tion has been fi	led for this unsigned inventor
Given Name Stanley (first and middle [if any])	R.			Family or Sur	Name Constoname	on
Inventor's Signature						Date
Residence: City San Carlos			State C	Ą	Country US	Citizenship US
Mailing Address 148 Rogers Ave.						
Mailing Address						
city San Carlos	State CA			ZIP	94070	Country US
Additional inventors are being named		suppleme	ntal Additio		entor(s) sheet(s) PT	O/SB/02A attached hereto.

Pto/SB/02A (11-00)

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#### **DECLARATION**

ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_1\_ of \_1\_

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor.					is unsigned inventor	
Given Name (first and middle [if any]	)	Family Name or Surname				
Michael F.		Na	ısh			
Inventor's Signature					Date	
Residence: City Danville	State CA	c	Country US	g	itizenship US	
Mailing Address 4242 Quail Run Dr.	4040 Overill Davis Dis					
Mailing Address						
<sub>city</sub> Danville	State CA		zIP 94506 c	ountry	, US	
Name of Additional Joint Inventor, if ar	ıy:		A petition has been filed	for this	unsigned inventor	
Given Name (first and middle [if any]	)		Family Namo	e or Su	ırname	
Paul S.			Koch			
Inventor's Signature					Date	
Residence: City Warwick	State RI		Country US		Citizenship US	
Mailing Address 566 Tollgate Rd.	•					
Mailing Address						
<sub>city</sub> Warwick	State RI		ZIP 02886	Cour	ntry US	
Name of Additional Joint Inventor, if a			A petition has been filed for			
Given Name (first and middle [if any]	)	Family Name or Surname				
Inventor's Signature					Date	
Residence: City	State		Country		Citizenship	
Mailing Address						
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City	State		ZIP	Co	untrv	

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Application Number	
Filing Date	December 11, 2000
First Named Inventor	Ronald K. Yamamoto
Group Art Unit	
Examiner Name	
Attorney Docket Number	ISC9901U

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		SIGNATURE of	f Applicant or Assig	nee of l	Record		
Name	Ronal	d K. Yamamoto	)				
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Application Number	
Filing Date	December 11, 2000
First Named Inventor	Ronald K. Yamamoto
Group Art Unit	
Examiner Name	
Attorney Docket Number	ISC9901U

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			erest. See 37 CFR 3 enclosed. (Form P		(96).		
		SIGNATURE of	f Applicant or Assigr	nee of	Record		
Name	Stanle	ey R. Conston					
Signature							
Date							
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First Named Inventor	Ronald K. Yamamoto
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Examiner Name	
Attorney Docket Number	ISC9901U

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X Applicant	winvento	л.					
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
		SIGNATURE of	Applicant or Assign	nee of	Record		
Name	Michae	Michael R. Nash					
Signature							
Date							
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Filing Date	December 11, 2000
First Named Inventor	Ronald K. Yamamoto
Group Art Unit	
Examiner Name	
Attorney Docket Number	ISC9901U

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Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Firm or Individual Name  Address  City State Zip  Country  Telephone Fax  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Paul S. Koch  Signature		Name			-	Registration Number			
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Firm or Individual Name  Address  City State Zip  Country  Telephone Fax  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name Paul S. Koch  Signature					*				i
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	Name	Paul S			*				
Date	Signature								
	Date								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
✓ *Total of _4forms are submitted.									

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